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## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 2010 JUL 20 AH II: 00 DES MOINES, IA 50319 Fax: (515)281-4073

www.lowa.gov/ethics



lowe Code section 5.7 requires all gifts and bequests given to any department of the state of lower or received by the Governor on behalf of the state be reported to the lowe Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Baquest Information received by a department or accepted by the Governor on behalf of the state

Indexed	or office use only		
Audited			
Checked			
Computer			

Glenwood Resource Co	enter			
Name of Department or Office 711 South Vine Street		enwood, [A 51534		
Malling Address 712-525-1683		City, State, Zip Code		
Area Code & Telephone No.	*			
ONTACT PERSON FOR R	ECIPIENT DEPARTMENT OR OFFI	E:		
Name				
Mailing Address (If different fro	m above)	City, State, Zip (if different fr	om above)	
Email Address		Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQU	JEST:			
Stacy McIlnay		,		
Name				
50772 Ashton Rd	Glenwood, IA 51534	<i>ala</i> (2010	\$20.00	
Mailing Address	City, State, Zip Code	7/7/2010	\$20.00	
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Email Address (optional)				
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Criteria to use this form:				
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lowa Code section 6.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosura Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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Glenwood Resource Cer	nter					
Name of Department or Office 711 South Vine Street	of Department or Office					
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712-323-1663 Tres Code & Telepháric No.						
•	CIPIENT DEPARTMENT OR OFFIC	E:				
lame						
Mailing Address (if different from above)		City, State, Zip (if different from above)				
mali Address		Area Code & Telephone Number (if different from above)				
	102.					
ONOR OF GIFT OR BEQUI	1811					
Stephanie Sharma						
lame 17264 Glover Rd	Pacific Jct, IA 51561					
falling Address	City, State, Zip Code	7/1/2010	\$ 100.00			
IGHH (S FAGGI DEG		Date of Gift or Bequest	Amount/Value*			
Area Code & Telephone Numbe	or .	*value is defined as "fair marks receiving depertment or office.	it value" of item as determined by If no value mark "0.00".			
imali Addresa (optional)						
Provide a description of the gif	or bequest and purpose thereof:					
	, assorted craft items (beads, bo	oxes, books, yarn, etc), ball c	aps, shoes, Easter baskets			
door wreath, etc.	, 45501104 41411 1101115 (55445) 55	,				
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Criteria to use this form:		the Country of he	shalf of the glute			
Receipt of any gift or bequest t	hat is received by any department of the s	ITEMS OF PROCESSED BY THE GOVERNOR OF DE	Midii Ai nig grare.			
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Ruth Messinger	ffirm that the gift or bequest reported abov	e is accurate. I further affirm that the in	nformation concerning the donor at			
easment of the fair market val	ue (if applicable) is correct and true to the	page of the knowledge.				
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